Compassion Fatigue and Self-Care

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Patient Trauma

- Adverse Childhood Experiences (ACE) study suggests that 2/3 of the population has had at least one adverse childhood experience
- ACE scores are associated with both psychological and medical conditions
- Trauma symptoms are adaptive and a self-protective measure

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults, the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. DOI: https://doi.org/10.1016/S0749-3797(98)00017-8.



Staff Trauma

- All staff are from the general population, thus many of us have experienced our own ACES
- Addressing the complex needs of individuals with numerous and serious behavioral and physical health difficulties increases staff risk of experiencing symptoms associated with burnout and compassion fatigue
- Staff can also be triggered by our patients' behaviors and stories
- Staff exposed to trauma may be reluctant to explore patient's trauma



Organizational Trauma

- Organizations are made up of people and so these too can be traumatized
- Work stress decreases innovation, creativity, morale and professional development
- It also can influence how present we are with our patients



Definitions

- According to the Mayo clinic, "Job burnout is a special type of job stress a state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work."
 http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642
- Christina Maslach, researcher in the field of work burnout, defines it as "feelings of exhaustion, a cynical attitude toward the job and people involved in the job and a reduced sense of personal accomplishment or work efficiency. Burnout can be thought of as "taking away a person's spirit and will."
- Compassion fatigue is often used synonymously with secondary trauma and vicarious trauma to describe the reaction of helpers to the trauma experienced by others.



Signs of Compassion Fatigue

- · Reduced feelings of sympathy or empathy
- Dreading working for or taking care of another and feeling guilty as a result
- Feelings of irritability, anger, or anxiety
- Depersonalization
- Hypersensitivity or complete insensitivity to emotional material
- Feelings of inequity toward the therapeutic or caregiver relationship
- Headaches
- · Trouble sleeping
- · Weight loss
- · Impaired decision-making
- Problems in personal relationships
- Poor work-life balance
- · Diminished sense of career fulfillment

https://www.goodtherapy.org/blog/psychpedia/compassion-fatigue



Compassion Fatigue vs. Compassion Satisfaction

Burnout or compassion fatigue may be a response to:

- Workload demands
- Poor organizational practices
- Intense time pressures
- Unsupportive relationships with supervisors and coworkers
- Lack of control across work environments

Compassion satisfaction associated with:

- Competence to do the work
- Confidence to do the work
- Support of supervisor
- Focus on staff wellness
- Empowered to use voice and choice



Measuring Compassion Satisfaction & Compassion Fatigue: The Professional Quality of Life Scale (ProQOL)

- The ProQOL is free and has been used for 15 years http://progol.org/
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
 - o Burnout
 - o Secondary Trauma



American Psychological Association

Resilience Building Strategies:

- Make connections
- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living
- Move toward your goals
- Take decisive actions

- Look for opportunities for selfdiscovery
- Nurture a positive view of yourself
- Keep things in perspective
- Maintain a hopeful outlook
- Take care of yourself

http://www.apa.org/helpcenter/road-resilience.aspx



Staff Self-Care Tips

Transforming Compassion Fatigue into Compassion Satisfaction: Top 12 Self-Care Tips for Helpers

By Françoise Mathieu, M.Ed., CCC., Compassion Fatigue Specialist

- 1. Take stock of what's on your plate
- 2. Start a self-care idea collection
- 3. Find time for yourself every day rebalance your workload
- 4. Delegate learn to ask for help at home and at work
- 5. Have a transition from work to home
- 6. Learn to say no (or yes) more often
- 7. Assess your trauma input
- 8. Learn more about Compassion Fatigue and Vicarious Trauma
- 9. Consider joining a supervision/peer support group
- 10. Attend workshops/professional training regularly
- 11. Consider working part time (at this type of job)
- 12. Exercise



Supervisors Staff-Care Tips

- Walk around the office to check in on staff and ask how they are doing that day or if they need anything
- Suggest that staff take mini breaks throughout the day to get fresh air, have a snack, stretch
- Engage staff in team huddles, meetings to debrief and allow for support of each other
- Empower staff to start their own staff support group
- Ensure that staff has opportunities for learning inside and outside of the work setting feeling competent to do owns work reduces stress
- Give staff the tools and resources they need to do their jobs
- · Celebrate individual and collective successes



Resources

Bounce Back Project: https://youtu.be/RB-4DYJbjd8

- 3 Good Things
- · Gratitude Letters or Gratitude Wall
- Random Acts of Kindness

Laura van Dernoot Lipsky:

- Ted Talk Beyond the Cliff-<u>www.youtube.com/watch?v=uOzDGrcvmus</u>
- Book Trauma Stewardship-http://traumastewardship.com/laura-van-dernoot-lipsky/

University of Buffalo School of SW Self-Care Starter Kit: file://C:/Users/LindaL/Documents/Self-Care%20Starter%20Kit%20-%20University%20at%20Buffalo%20School%20Social%20Work.htm



SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.



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Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

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